

SEMINOLE COUNTY DEPARTMENT OF PUBLIC SAFETY • ANIMAL SERVICES DIVISION

To qualify for a \$25.00 public rebate from Seminole County after your dog or cat has been sterilized, you must meet the following requirements:



You must be a resident of Seminole County and must provide:

- **PROOF OF RABIES VACCINATION**
- **PROOF OF SEMINOLE COUNTY PET LICENSE**

Seminole County Pet License may be obtained by visiting our office or submitting your request by mail with the following enclosed:

- A copy of the current rabies vaccination certificate issued by the veterinarian.
- A self addressed, stamped envelope.
- A check or money order made payable to: SEMINOLE COUNTY COMMISSION.
- Mail to: Seminole County Animal Services
232 Bush Boulevard
Sanford FL 32773-6179

PET LICENSE FEES

Sterilized Dog/Cat	\$ 6.00/Year
Unsterilized Dog/Cat	\$11.00/Year

- **PROOF OF STERILIZATION**

Proof of rabies vaccination and the Seminole County Pet License must be current and up-to-date (within the last 12 months). NO pet license other than one issued by Seminole County will be honored.

Proof of sterilization must be in the form of a document that includes the name, address and phone number of the veterinarian/clinic that performed the procedure; the name of the procedure that was performed; the date the procedure was performed; the owner's name and the animal's name.



LICENSE APPLICATION and REBATE APPLICATION may be submitted at the same time.



You must file a REBATE APPLICATION within 30 days of sterilization to be eligible for the \$25 rebate.



Residents adopting animals from Seminole County Animal Services are not eligible for the Seminole County Sterilization Rebate Program.



Applicants will be notified if they do not qualify for the public rebate.



Please send copies of documents only as documents will not be returned.

COMPLETE THIS FORM AND MAIL TO: DEPARTMENT OF PUBLIC SAFETY, ANIMAL SERVICES DIVISION, 232 BUSH BLVD, SANFORD FL 32773-6198.

P L E A S E T Y P E O R P R I N T

NAME OF THE APPLICANT

(OWNER OF THE ANIMAL
AS IT APPEARS ON
SEMINOLE COUNTY PET LICENSE)

CURRENT MAILING ADDRESS

CURRENT STREET ADDRESS

CITY _____ ZIP _____ TELEPHONE _____

TYPE OF ANIMAL

DOG ☐

CAT ☐

MALE ☐

FEMALE ☐

BREED _____ COLOR _____ NAME _____

RABIES TAG NO. _____ SEMINOLE CO. PET LICENSE NO. _____

DATE _____ SIGNATURE OF APPLICANT _____

DATE _____ SIGNATURE OF ANIMAL SERVICES OFFICIAL _____

QUESTIONS?

CALL

407-665-5201

